

The Vac Scene[®]

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A bi-monthly newsletter for
immunization providers, from
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County (PHSKC). For back
issues, visit our website:
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2003-2004 INFLUENZA SEASON

It's time to start planning for flu shots! Public Health-Seattle & King County clinics will begin giving flu shots **October 1**, assuming adequate and timely supply of influenza vaccine. Influenza vaccine delays during the past two influenza seasons led CDC to recommend that those at highest risk of complications from influenza should get flu vaccine first, with those at lower risk receiving later supplies of vaccine. For the 2003-04 immunization season, CDC has suspended the tiered influenza immunization schedule, as there will be ample vaccine available this year.

The **trivalent influenza vaccine recommended for the 2003-2004 season includes: A/Moscow/10/99 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Hong Kong/330/2001-like antigens.** Influenza Vaccine Information Statements (VIS) in English and 15 more languages are available at <http://www.immunize.org/vis/>.

Influenza vaccine is strongly recommended for any person aged ≥ 6 months who is at increased risk for complications from influenza. This includes those age 65 years or older, those with chronic heart, lung or kidney disease or diabetes, and women who will be at least 14 weeks pregnant during the flu season. In addition, health care workers and other persons (including household members) in close contact with persons at high risk should be vaccinated to decrease the risk for transmitting influenza to persons at high risk. Influenza vaccine can also be administered to any person aged ≥ 6 months, to reduce the chance of becoming infected with influenza. ACIP encourages influenza vaccine for healthy children age 6-23 months. The complete 2003 ACIP recommendations on Prevention and Control of Influenza are available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm>.

NEWS FROM PUBLIC HEALTH'S VACCINES FOR CHILDREN (VFC) PROGRAM

Reminder/Recall Systems Under HIPAA

The Health Insurance Portability & Accountability Act (HIPAA) of 1996, required adoption of Federal privacy protection for individually identifiable health information. As a result of this law, the question has arisen whether physician's offices or pharmacists can leave messages for patients at their home answering machine or with a family member to remind them of appointments or to mail appointment or prescription refill reminders.

The answer is **YES**. Information for immunization reminders may be provided either by phone or postcard. Professional judgment should be used to disclose the least amount of information possible to achieve the intended purpose. The exception is in instances where a patient requests that the information be provided in a confidential manner, such as by alternative means or at an alternative address. These requests must be accommodated. For more information regarding privacy under HIPAA refer to www.cdc.gov/nip/policies/hipaa/hipaa_faqs.htm

Using Daptacel

Providers have begun receiving Aventis-Pasteur's *Daptacel*, the new DTaP vaccine chosen by Washington State's VFC program. *Daptacel* was selected in response to parental concerns over thimerosal because it contains no thimerosal and because it is more readily available than other DTaP formulations. However, with this change have come several questions.

Can *Daptacel* be used to reconstitute *ActHIB*? No, only *Tripedia* is licensed for combination with *ActHIB* vaccine (to form the combination TriHIBit). *Daptacel* should not be used to reconstitute *any* powdered vaccine or be mixed with any other vaccine.

***Daptacel*'s package insert states that it is not approved for use as the 5th DTaP dose. What should I use?** According to CDC, *Daptacel* may be used as the 5th dose in a DTaP series that contained other brands of DTaP. *Daptacel* is not currently licensed for the 5th dose in an *all-Daptacel* series, since *Daptacel* has not been available long enough for any child to receive all five doses of DTaP as *Daptacel*. Children in the original *Daptacel* study will not reach the age for the 5th dose until 2006. ACIP addresses this issue in the last paragraph of the July 5, 2002 *MMWR* article announcing the vaccine's licensure, at <http://www.cdc.gov/mmwr/PDF/wk/mm5126.pdf>

The ACIP recommendation has been: "Whenever feasible, the same brand of DTaP vaccine should be used for all doses of the vaccination series. However, the vaccine provider might not know or have available the type of DTaP vaccine previously administered to a child. In this situation, *any available DTaP vaccine should be used to continue or complete the vaccination series.*" It is advisable to use what is available rather than skip the dose entirely.

Until recently, *Tripedia* was the only brand licensed for all doses; ***Infanrix* received approval for the 5th dose in July 2003.** Funding and production issues can change the menu of vaccines available through the VFC Program, which is unable to maintain all DTP-containing vaccines in stock. Providers wishing to complete the DTP series with *Tripedia* or *Infanrix* must purchase those vaccines for their patients.

New Data Collection System

Public Health is phasing in a new data collection system developed by the Washington State Department of Health and RBA International. The new web-based system is designed to capture more detailed information regarding the usage and handling of state-supplied vaccine **by lot number.** *Providers can assist the data collection process by clearly recording the number of doses at "End of Month Inventory" by lot number and expiration date, to the extent that space permits.* VFC Program staff may call you to clarify dose counts and lot numbers on the usage reports. We acknowledge that, especially for larger clinics, much information is requested in a restricted space. We hope to have an electronic version of the usage report available at some point in the future. Your cooperation is much appreciated!

Store Vaccines In The Original Packaging

Store vaccines in their original packaging, whenever possible, rather in bins. Removing vials from boxes makes it difficult to use shortest-dated vaccine first or to quickly identify expired vaccine. In addition, the lot numbers for *TriHibit* appear only on the box.

4-day “Grace Period”

Providers are reminded that vaccine doses given up to 4 days before the minimum interval or age can be counted as valid, e.g. MMR given 4 days before the 1st birthday is acceptable; so are immunizations given 4 days before the 4th birthday (DTaP, polio). The 4-day “grace period” should *not* be used for appointment scheduling or to shorten the 28-day minimum interval between doses of live virus vaccines (e.g., MMR and varicella) not administered on the same day.)

2002 NATIONAL IMMUNIZATION SURVEY (NIS) DATA SHOWS MIXED RESULTS

Although childhood vaccination levels are at an all-time high nationwide, King County and Washington State are below the national average for 2002, according to the CDC survey released July 31st.

According to the CDC’s National Immunization Survey, the national immunization rate among children 19 to 35 months old for the 4:3:1:3:3* combination was at a record high of 75%. Washington State, along with eight other states, had immunization rates below 70%. King County’s 4:3:1:3:3 rate was 73.1%, a slight though not statistically significant increase from 2001.

Completion rates for varicella vaccine increased significantly in King County to 71.2% (± 5.8) from 2001 to 2002 but still lags behind the national average.

VARICELLA VACCINE	2001	(CI)	2002	(CI)
UNITED STATES	76.3%	0.8	80.6%	0.9
WASHINGTON STATE	57.0%	4.8	65.1%	5.1
KING COUNTY	57.9%	6.3	71.2%	5.8

The survey is available online at:
<http://www.cdc.gov/mmwr/PDF/wk/mm5231.pdf>

* 4:3:1:3:3: Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of Hep B.
(CI): % ± 95% Confidence Interval

RECOMMENDED VACCINES FOR PRETERM AND LOW BIRTH WEIGHT INFANTS SAME AS FULL-TERM INFANTS

Medically stable preterm (PT) and low birth weight (LBW) infants should receive all routinely recommended childhood vaccines at the same *chronologic age* (i.e time since birth date)) as recommended for full-term infants, according to a Committee on Infectious Diseases report in a recent issue of *Pediatrics*. All vaccines routinely recommended during infancy are safe and effective for PT and LBW infants. Preterm infants are at increased risk of experiencing complications of vaccine-preventable diseases but are less likely to receive immunizations on time. The severity of vaccine-preventable diseases in these infants precludes any delay in initiating the administration of the vaccines.

Infants with birth weight less than 2000 g may require modification of the timing of hepatitis B immunoprophylaxis depending on maternal hepatitis B surface antigen status. There is no contraindication to giving a birth dose of hepatitis B vaccine as the first of 4 doses when a combination vaccine containing hepatitis B is subsequently used. To access the complete article, go to:
<http://pediatrics.aappublications.org/cgi/content/full/112/1/193>

CHILD PROFILE IMMUNIZATION REGISTRY: PARTICIPATING CLINICS REPORT SUCCESS

(This article is the third of three articles on the CHILD Profile Immunization Registry. Previous articles focused on a description of CHILD Profile and the benefits from participating in the registry.)

Participating Clinics Report Success Stories

Whether your practice is large or small, the CHILD Profile Immunization Registry can help you with immunization practice management.

What are providers saying about the registry? “CHILD Profile

has helped Swedish Physicians improve our immunization practice across clinics. Documenting immunizations consistently and in one place helped us report accurate immunization coverage rates. We saw our documented coverage rate increase from 36% to 77.9% in one year. One clinic site alone went from 21% to 86.5%. CHILD Profile provided a standard for us to organize our system for both administering and tracking immunizations.” (Sandra Hawkinson, RN, Swedish Physicians)

“In today’s highly mobile society, most children do not have all their immunizations documented on one record. Participation in CHILD Profile allows providers to maintain a comprehensive record on a child’s immunization status. This tool also gives us 24-hour access, which helps to limit the guesswork. If a child shows up at our Urgent Care Center, and we are unable to look at his/her medical record, we can get the immunization record immediately from CHILD Profile. That’s better care.” (Group Health, Spokane)

“I find CHILD Profile to be very user-friendly, and especially helpful in being able to print out the recommendations for a specific child.” (Thurston County Health Dept.)

“In our initial data share, for every immunization record we submitted for a patient, we got 2.5 immunizations back. CHILD Profile is the perfect answer to incomplete medical records.” (UW/Harborview Medical Center)

“With the new vaccine accountability module, vaccine reporting went from a two-hour task each month to two minutes.” (Woodinville Primary Care)

The CHILD Profile Immunization Registry benefits your practice, your patients, and the public health of your community. Join hundreds of other providers who are enrolled in the registry. **A list of participating providers is available on request.**

It’s easy to register; CHILD Profile staff members are ready to help you get started. Free, onsite training is offered to participating providers. For more information or to register, call the CHILD Profile Help Desk at (800) 325-5599 or (206) 205-4141 or email: cphelpdesk@metrokc.gov

JAMA ARTICLE LINKS AUTISM TO EARLY ACCELERATED BRAIN GROWTH

On July 16, *the Journal of the American Medical Association* (JAMA) published an article indicating that more than half of the children studied who had been diagnosed with autism spectrum disorder had abnormally accelerated brain growth during their first year or life. The authors suggest that such accelerated brain growth may be an early neurobiological indicator of risk for autism. The article "Evidence of Brain Overgrowth in the First Year of Life in Autism" [2003; 290(3)].

MENINGOCOCCAL VACCINE VIS (VACCINE INFORMATION STATEMENTS) REVISED

CDC has just updated their VIS for meningococcal vaccine (<http://www.immunize.org/vis/menin03.pdf>) as of 7/28/03. The revisions improve the message for college students and travelers. Download your copy today in order to provide the current version to all VFC clients receiving this vaccine!

IMMUNIZATION RESOURCES

2003 Red Book: The new 2003 edition of the American Academy of Pediatrics (AAP), more commonly referred to as “the *Red Book*”, is now available in book, CD and PDA format through the AAP web site: www.aap.org or by calling 888-227-1770. This is an extremely useful, authoritative resource including information on clinical management, diagnosis, infection control, and prevention of all important childhood infectious diseases. **We strongly recommend that all providers serving children have a copy on hand, as does the CDC.**

Correction to Vac Scene, May/June 2003 Issue

The fax number for the DOH Immunization Program Distribution Center listed in the May/June issue was incorrect. The correct number is (360) 664-2929. We apologize for any inconvenience this may have caused.